



**THE TOPEKA HOUSING AUTHORITY**  
**2010 S.E. CALIFORNIA AVENUE**  
**TOPEKA, KANSAS 66607**  
**Phone (785) 357-8842 FAX (785) 357-2648**

**HUMAN SERVICE GRANT VERIFICATION (TANF, GA, ETC)**

HUMAN SERVICE OFFICE: Topeka SRS  
ADDRESS: PO Box 1424  
CITY, STATE, ZIP: Topeka, KS 66601-1424

**PERMISSION FOR RELEASE OF INFORMATION:**

I Authorize you to furnish the information requested below to the Topeka Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/continued occupancy.

NAME(S) OF APPLICANT & HOUSEHOLD MEMBERS:	SOCIAL SECURITY#(S):
SIGNATURE OF ADULT:	DATE:

\*\*\*\*\* STOP HERE \*\*\*\*\*

**TYPE(S) OF ASSISTANCE/INCOME RECEIVED:**

TANF	\$ _____	SSDI	\$ _____
GA	\$ _____	MA	\$ _____
SSI	\$ _____	_____	\$ _____
		_____	\$ _____

Has this person worked in the last year? YES \_\_\_\_ NO \_\_\_\_

PRINTED NAME OF PREPARER:

SIGNATURE OF PREPARER:	DATE:
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Thank you for your cooperation. All information is confidential. Please return this form by fax (785) 357-2648 or mail. If you have any questions, please feel free to contact our office at (785) 357-8842.

Housing Specialist